U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

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For	Official was Oats	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

15 1 1 1 G71 d	0.5-11/015			
1 File Number U 9/0 8	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Jason D Garand	Name New England Regional Council of Carpenters			
_	Labor Organization File Number 540-823			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 29 Ferry Street	Street 802 Summer Street			
City South Hadley	City Boston			
State Massachusetts ZIP Code + 4 01075	State Massachusetts ZIP Code + 4 02127-1616			
5 Position in labor organizationBusiness Representative/ Organizer				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name				
Trade Name if any	_			
PO Box Bidg Room No if any				
	7 b Amount.			
Street				
City				
State ZIP Code + 4				
- Signature				
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)				
Signed Jasem Jarama	On 8-11-05 413-736-2879 Date Telephone Number			
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Name of Person Filing Jason Garand	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name New England Carpenter Labor Management Fund	a Labor Organization b Trust			
Trade Name if any				
PO Box Bidg Room No if any	c Employer			
Street 803 summer Street				
City Boston				
State Massachusetts ZIP Code + 4 02127-1616				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name	Contributions to the New England Carpenter Labor Management Fund are determined by the CBA and a joint board of trustees representing labor and management oversees the operations			
Trade Name If any				
PO Box Bldg Room No if any				
Street	11 b Approximate dollar value of such dealing \$1 800 000			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	food/meal for meetings is under \$25 and not reported Food & lodging for trustee meeting on 12 9 04 \$215			
	12 b Amount \$215			
C Received from any employer (other than an employer covered under parts A and B above)				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any				
PO Box Bldg Room No if any				
Street				
Crty				
State ZIP Code + 4				
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.			